

# Bi-Weekly BDDS Meeting for Case Managers and Providers July 1, 2020



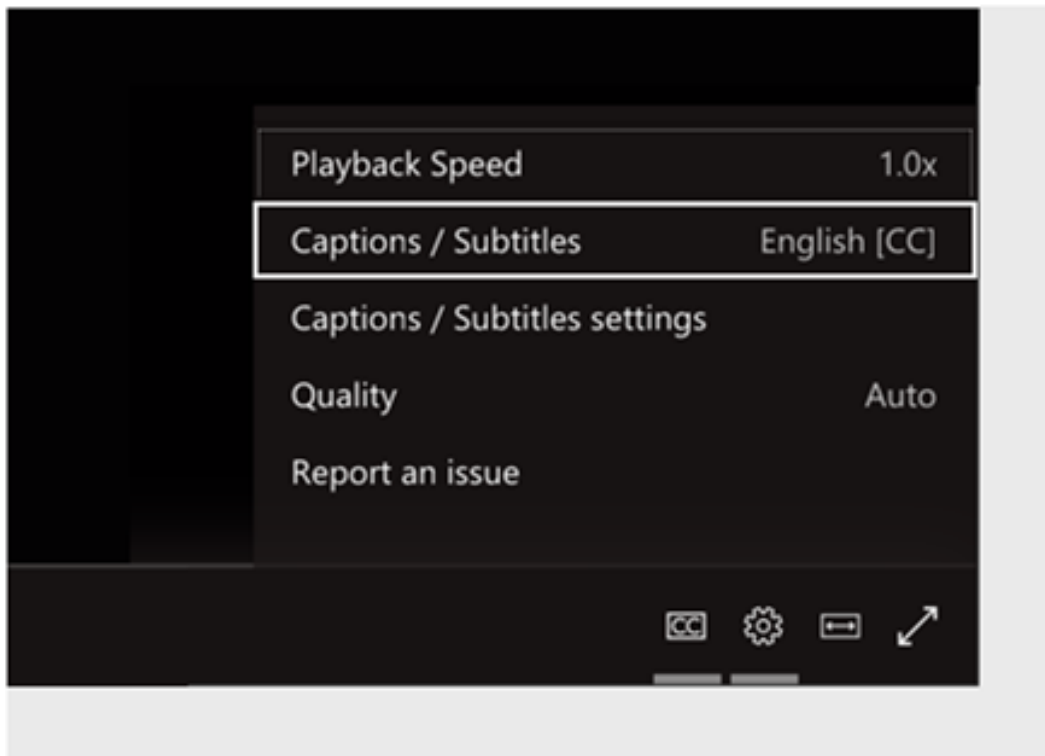
# Before We Get Started...



# How to Use Live Captions

To turn on live captions and subtitles, select **Captions/Subtitles On**  in your video controls.

To change the caption language, select **Settings**  > **Captions / Subtitles**, and choose the language you want.





# How to Ask a Question

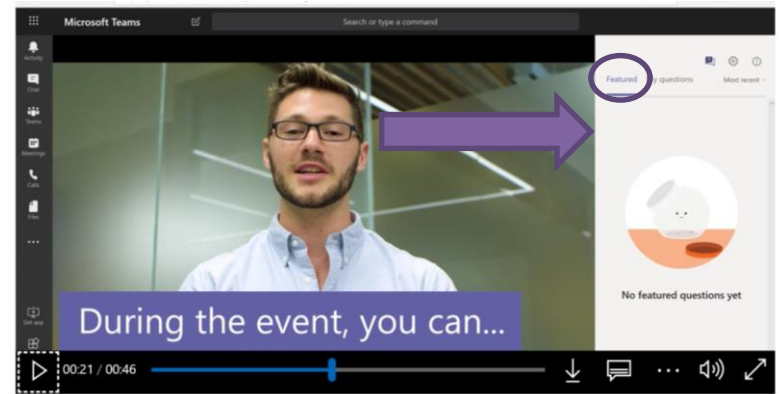
- 1.) Select Q&A on the right side of the screen
- 2.) Type your question in the compose box, and then select Send.
- 3.) Your question will only be visible to the presenters
- 4.) Questions will be answered as time permits.





# How to Sign-In for Today's Meeting

- 1.) Look for the Q&A box on the right side of the screen.
- 2.) Under the Featured list, look for the link to the sign-in sheet.
- 3.) Select the link, fill-in the form, and click complete.



# Welcome and Today's Agenda

- DDRS Goals for COVID-19 Efforts
- Data Updates
- Updates to COVID-19 Guidance
- Scenario Review
- Review: Day Services Sustainability Grants
- Waiver Renewal Overview
- General Updates / Information
- Next Steps



# DDRS Goals for COVID-19 Efforts

**H**elp prevent the spread of COVID-19 and keep people alive

**O**perationalize flexibilities

**P**rovider network maintained

**E**mpower person-centered decision-making for self-advocates, families, case managers, and providers



Image by: McChrystal Group & NASDDDS



# COVID-19 Data: Total Number of BDDS COVID Positive Cases

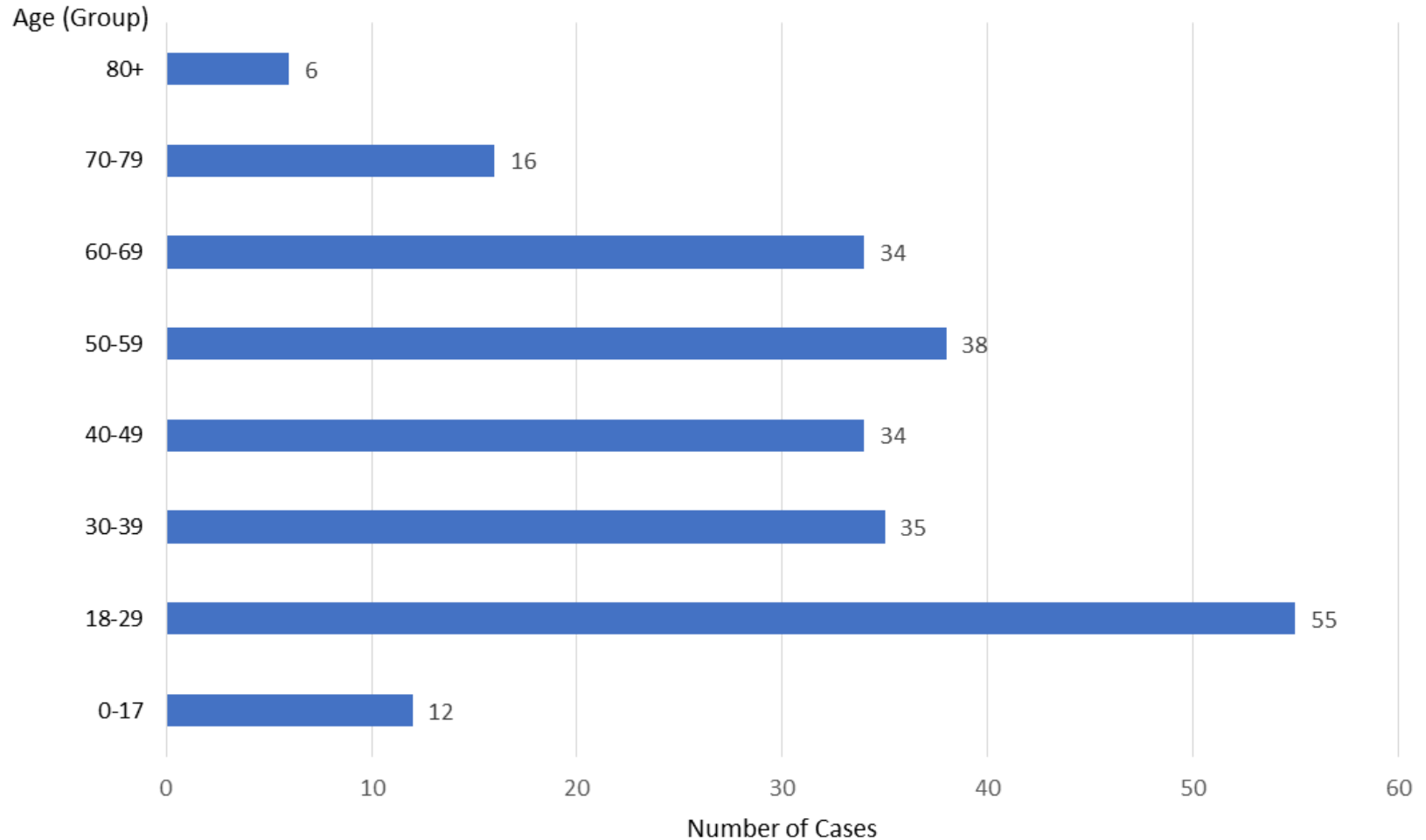


Total Cases: 230  
Total COVID-Related Deaths: 13



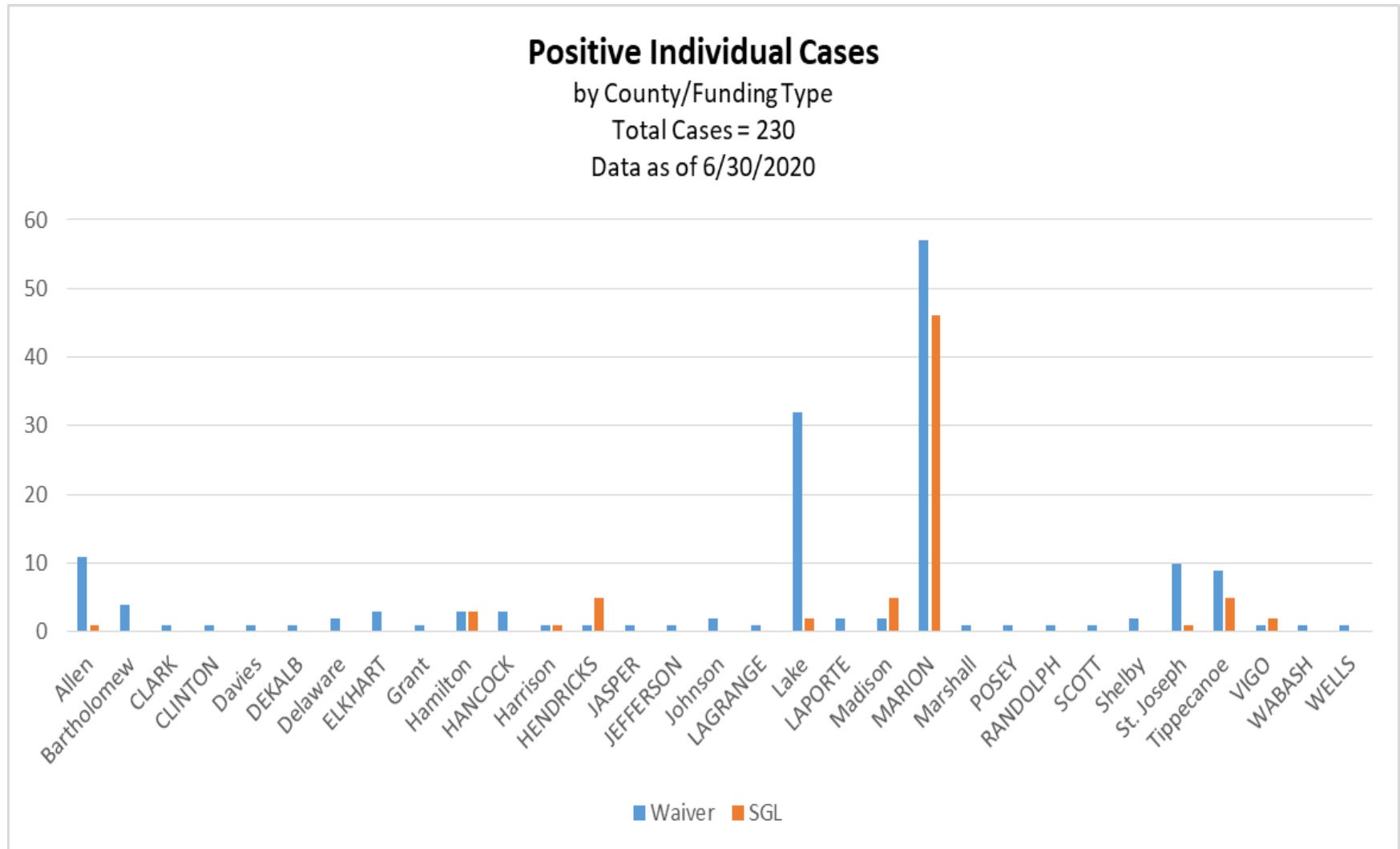


# COVID-19 Data: Age Among Unique COVID Positive Cases



# COVID-19 Data:

## Positive Individual Cases by County & Funding Type



# Updates and Discussion: Provider Re-opening Plans

- DDRS is asking providers to submit information regarding the re-opening of services [via a standard form](#).
- Please note – this request is applicable to providers who closed or experienced other significant service changes related to COVID-19 as detailed in the Guidance for BDDS Providers on Temporary Policy Changes



# Updates and Discussion: Provider Re-opening Plans

Questions in the [Notification of Re-opening of Services form](#) include:

- Provider name, provider contact name, contact phone and email
- Services re-opening
- **Narrative describing how your agency utilized a person-centered approach to re-opening, including an example**
- **Narrative describing any visitor restrictions being implemented during re-opening, how the restrictions were determined, and an example**
- Re-opening date(s)
- Number of impacted individuals in each service on each re-opening date
- Date individuals and families were notified of re-opening plans
- Date in which your agency will re-evaluate the re-opening plan for each service
- Date in which your agency will submit update information regarding re-opening.



# Updates and Discussion: Updated Guidance and FAQs

- Yet this week, BDDS will publish Updated Guidance for BDDS Providers on Temporary Policy Changes and an updated FAQ on Temporary Policy Changes
- The Updated Guidance will include updates to:
  - Provider Re-Opening Reporting Guidance
  - Reopening Efforts and Individual Restrictions
  - ICF/IDD Admissions and Related Visits
  - TB Testing Timelines
  - FSW COVID Priority Category/Waitlist Targeting
- The FAQ will include responses to questions received through our webinars for Case Managers and Providers



# Meet Jim

- Jim is a 53 year old man who has the FSW and lives on his own. Prior to the pandemic, Jim attended day programming three days a week, utilizing CHIO the other two days. Jim's budget is fully utilized with day services, CHIO, and case management.
- Jim is very independent and would take Indy Go to his day services site. Jim was recently notified of his day programming re-opening plan, which includes a tiered approach to open in order to minimize risk.



# Meet Jim

Tier one of the reopening plan includes a number of precautionary protocols for everyone who enters the building. Some of the tier one protocols include:

- exclusion of individuals who are identified as high risk by CDC criteria
- exclusion of individuals who use public transportation
- mandatory mask wearing
- mandatory temperature checks upon arrival
- abide by social distancing set up



# Meet Jim

- While Jim is not considered to be in a high risk category, due to his use of public transportation, he is unable to participate in day programming until they move into tier three. Jim is really concerned as he enjoys his day program and is eager to resume. Jim reaches out to this case manager to discuss his concerns and his feelings of unfairness. His case manager arranges for a team meeting to discuss the obstacles preventing Jim from returning.
- The team think that due to the experience of COVID-19 it would be helpful to revisit his trajectory where Jim and his team outline his vision of a good life and identify experiences to get him there and the obstacles keeping him from achieving it.





# Jim's Trajectory

- Vision for a good life: return to day services, be independent, make his own choices, go bowling with his friends and living by himself
- What he doesn't want: be told he can't go back to day program because he uses public transportation, to be secluded from his friends, to be told what to do
- Experiences: transportation options, volunteer options to build employment skills, self-advocacy groups, bowling team
- The provider discusses with Jim and his case manager why the phased in approach is needed at this time and how it may change based on the recommendations from the CDC and ISDH. After identifying Jim's good life the team utilized the integrated supports star to identify transportation options so that Jim can attend day program right away.



# Jim's Integrated Support Options

- **Strengths/Assets:** Jim is very independent & motivated to get back to his prior schedule. He is very social and has lots of friends at his day program. He utilizes Indy Go to navigate his community.
- **Relationships:** Friends at day program are his family. The provider and case manager agree to check with his friends at day program and their family who may be willing to rideshare.
- **Technology:** Jim has a smart phone and would be comfortable using apps like Uber and Lyft. During the discussion the team identified that Jim does not have enough financial resources for these to be a viable option. The team noted that Jim does like this idea so they will continue to consider this as an option in the future as Jim moves towards accessing competitive employment.
- **Community:** Public transportation – Jim can continue to use public transportation to go other places but for now he cannot use it to attend his day program until they enter into tier three.
- **Eligibility Specific:** Waiver services – Fac Hab, CHIO & CMGT Lastly, the team discusses the hours he would normally go to day program or utilize CHIO. It was discussed that Jim could add transportation to his plan but he would not be able to utilize the full hours of either day services or CHIO he was used to.



# Jim's Decision

After going through all the possible options Jim decided going back to day services was important to him and he was willing to use some of his CHIO hours to be converted to transportation during the tier one and two of re-opening of his day program.

He expressed that once the day program enters tier three and they allow for public transportation he would like his CHIO hours returned and no longer use waiver transportation services.

The team also agreed to work to identify a potential rideshare situation for Jim to consider.

His case manager updated his CCB and will continue to follow up with Jim and his day service provider to see how his transition back into day services is going and when he could go back to utilizing Indy Go for his transportation needs.



# Meet Jason

Jason is a 26yr old man who lives in a supervised group living home with 5 other residents. Jason has a close relationship with his mom and sister. Prior to COVID-19 Jason's mom would come to the group home regularly for visits where all the residents enjoyed spending time with her. Jason would also do home visits every other weekend where a staff member would accompany him.

When the pandemic began and Governor Holcomb issued the public health emergency Jason's group home provider issued visitor restrictions and stay at home orders in line with the requirements and recommendations made at that time.

Jason's mother and sister continued to stay in contact with him by doing video chats and phone calls. These went well but Jason's anxiety continued to increase as the weeks passed and he expressed frequently that he missed his mom.



# Jason Wants a Visit

As Indiana has moved off of the stay at home order and through Governor Holcomb's Back on Track plan Jason's mother requested to start having in person visits with Jason again. She and the group home provider worked out a plan to do window visits which worked well but Jason continued to show signs of anxiety and sadness because of missing his mom. Jason asked repeatedly to go to his mom's home.

Jason's mother has requested to move to in person visits. The group home provider policies still prohibit in person visits and the provider has expressed concerns that in person visits put the other members in the home at risk. The team met and began discussing how an in person visit could be done safely.

The team used information from the following resources to develop a plan that is specific to the needs of Jason and the other members in the home.



# BDDS Guidance for Providers

**What It Says?** Outlines information to consider when determining visitor restrictions in ICF/IDD and other congregate settings. This guidance is intended to empower providers to make decisions based upon the needs and circumstances of the individuals living setting and avoids the application of blanket restrictions that may be overly broad and restrictive. Highlights that assist in this discussion include

- Jason's expressed desire for visits with mom and the impact on his mental health
- Consideration if individuals in the home are in the CDC's high risk category
- Consideration of any active COVID-19 cases by staff and residents

***How Jason's Team Applied the Information?*** Through these discussions the team acknowledges that Jason is missing his mom, is having a difficult time understanding why he can't see her and appears to be sadder as the weeks go on. It is also determined that Jason and the other residents do not fall within the CDC's high risk category. No staff member or resident has been exposed or infected with the virus. Further mom and sister have shown no signs of the virus, have not been exposed and have no history of having the virus since the pandemic began.



# Governor Holcomb's Back on Track Plan

**What It Says?** Outlines the current stages of reopening with recommendations and any restrictions. Highlights that assist in this discussion include

- Stage 4: June 12<sup>th</sup> - July 3<sup>rd</sup> which include recommendations for wearing face coverings and practicing of CDC's social distancing guidelines.
- Stage 4 includes the allowance of outdoor visitation at assisted living facilities and nursing homes
- Stage 5: July 4<sup>th</sup> and beyond includes the same recommendations as stage 4 that were considered.

***How Jason's Team Applied the Information?** Through these discussions it is acknowledged that while group homes are not assisted living facilities or nursing homes, group homes have followed those recommendations due to some of the similarities in the structure of the settings. In these settings outdoor visitations are permitted. Jason's mom has stated that she understands not coming into the group home for a visit but would like an outdoor at her home. Provider is concerned that due to Jason's routine orientated personality he will want to go inside of mom's home during the visit.*



# The Center for Disease Control Prevention

**What It Says?** Has multiple resources available that are helpful during this discussion. This includes the Guidance for Group Homes for Individuals with Disabilities, Guidance for Shared or Congregate Housing, and recommendations provided on the Prevent Getting Sick and People with Developmental and Behavioral Disorders pages. Highlights that assist in this discussion include

- Proper ways to clean and disinfect both the group home and mom's home
- Recommendations on face covers, social distancing and hand washing
- Ways to manage Jason's stress and anxiety
- Using strategies such as social stories, modeling and positive reinforcement
- Screening of residents, staff and volunteers
- Limitations of non-essential visitors





# Adhering to CDC Recommendations

***How Jason's Team Applied the Information?*** *Through these discussions mom has stated that she would:*

- *have a number of outdoor activities that Jason enjoys in an attempt to encourage him to stay outside and only enter the home if he needs to use the restroom.*
- *disinfect the entire home*
- *be the only person at the home*
- *adhere to social distancing*
- *wear a face mask*
- *wash her hands and use hand sanitizer before the visit*
- *allow staff to take her temperature upon arrival.*

*In addition: The team discussed that Jason refuses to wear a face mask therefore they would try to get him to wear a hat with a face shield for short periods of time.*

*The staff stated that they would use social stories and modeling to encourage use of the face shield as well as to reinforce social distancing.*

*The team discussed that if during the visit Jason begins to not follow social distancing recommendations he would be redirected by engaging in a preferred activity such as the water sprinkler.*

*The team would encourage Jason to use hand sanitizer at the end of the visit and upon arrival back to the home they would help Jason wash his hands with soap and water and put on fresh clothes before interacting with other members of the home. The staff would also disinfect any surfaces that Jason touched upon entry to the home prior to washing his hands and changing his clothes.*



# Indiana State Department of Health

**What It Says?** The Indiana State Department of Health has issued recommendations for essential family caregivers in long-term care facilities in recognition that family members are critical partners in the ongoing care of physical and emotional support of persons living in long term care facilities. Highlights that assist in the discussion include:

- Recommendation to consider designating a family member as essential family caregivers whose family member prior to visitor restrictions were regularly engaged with resident
- Recommendations for social distancing, face masks and negative COVID-19 tests.

***How Jason's Team Applied the Information?** The team acknowledges that mom was an active member in Jason's life. Mom is willing to be tested for COVID-19. The team supplies mom with information on testing sites in her area. By working through all the information available and being person centered the team has been able to develop a plan for face to face visits that is safe and takes all the necessary precautions.*



# Precautionary Measure vs Restrictive Measure

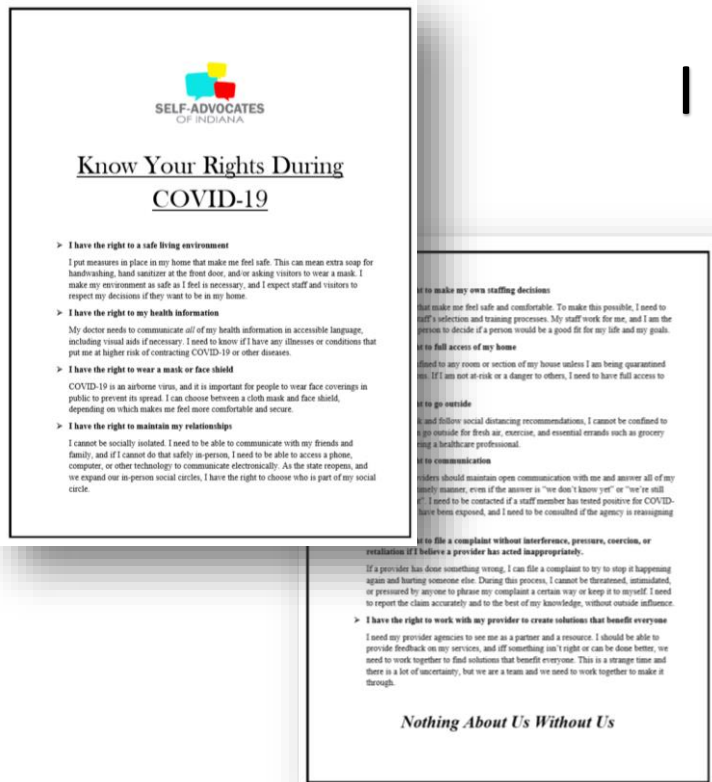
*“If the residential provider is still implementing a stay at home order does that need to be added as a restrictive measure on a BSP at this point?”*



# New Self-Advocates of Indiana COVID-19 Resources

## I have the right to ...

- a safe living environment
- my health information
- wear a mask or face shield
- maintain my relationships
- make my own staffing decisions
- full access of my home
- go outside
- communication
- file a complaint without interference, pressure, coercion, or retaliation if I believe a provider has acted inappropriately
- work with my provider to create solutions that benefit everyone



SAI YouTube Channel

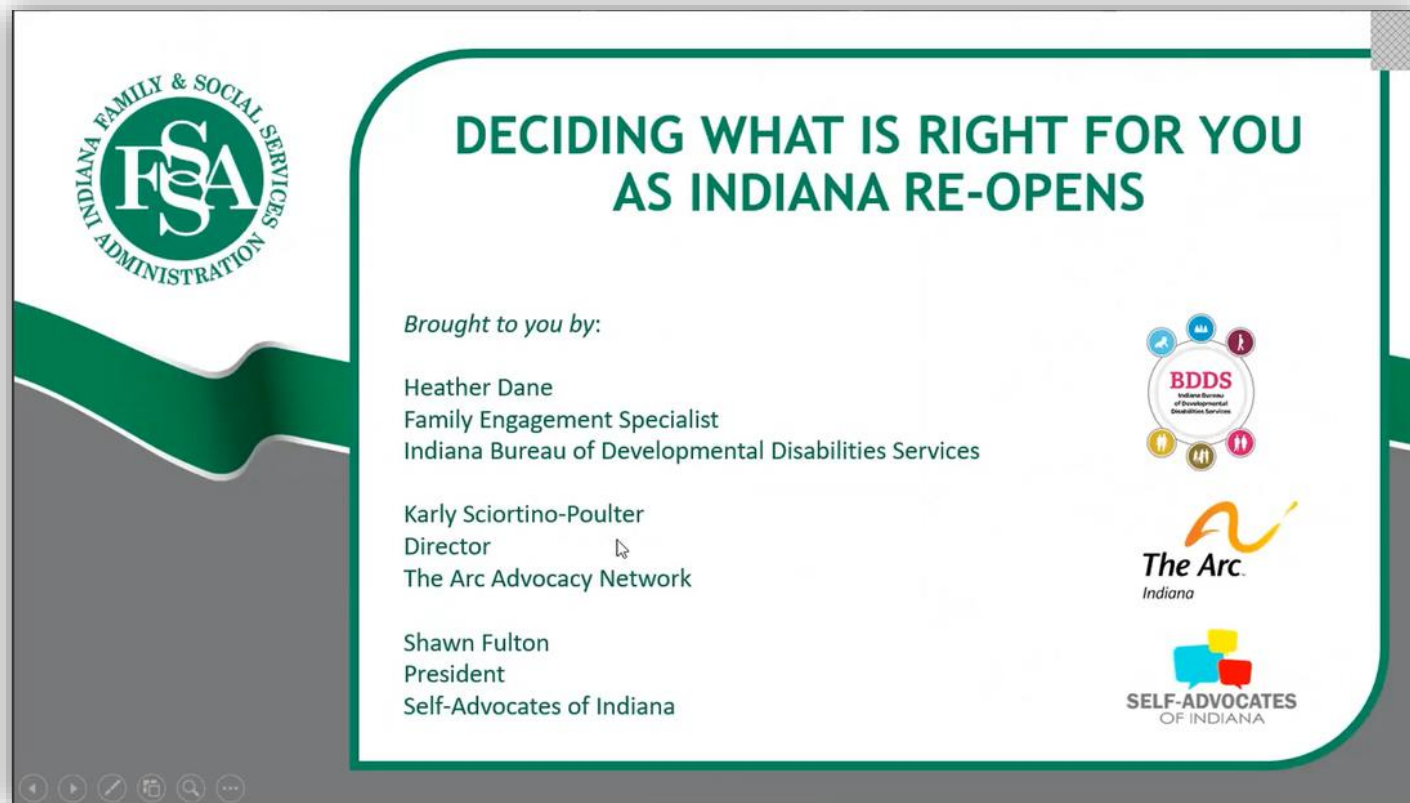
[https://www.youtube.com/channel/UC38B8eHOjPCa\\_9SKx42F4oQ](https://www.youtube.com/channel/UC38B8eHOjPCa_9SKx42F4oQ)

*Nothing About Us  
Without Us*



# New Self-Advocate & Family COVID-19 Resources

- Available this week on the DDRS COVID-19 Resource page



The screenshot shows a presentation slide with a green and white color scheme. In the top left corner is the Indiana Family & Social Services Administration (FSA) logo. The main title, 'DECIDING WHAT IS RIGHT FOR YOU AS INDIANA RE-OPENS', is centered in green. Below the title, the text 'Brought to you by:' is followed by three names and their titles: Heather Dane (Family Engagement Specialist, Indiana Bureau of Developmental Disabilities Services), Karly Sciortino-Poulter (Director, The Arc Advocacy Network), and Shawn Fulton (President, Self-Advocates of Indiana). To the right of the text are three logos: BDDS (Indiana Bureau of Developmental Disabilities Services), The Arc Indiana, and Self-Advocates of Indiana. At the bottom left of the slide, there are small navigation icons.

**INDIANA FAMILY & SOCIAL SERVICES  
FSA  
ADMINISTRATION**

## DECIDING WHAT IS RIGHT FOR YOU AS INDIANA RE-OPENS

*Brought to you by:*

Heather Dane  
Family Engagement Specialist  
Indiana Bureau of Developmental Disabilities Services

Karly Sciortino-Poulter  
Director  
The Arc Advocacy Network

Shawn Fulton  
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**BDDS**  
Indiana Bureau  
of Developmental  
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**The Arc**  
Indiana

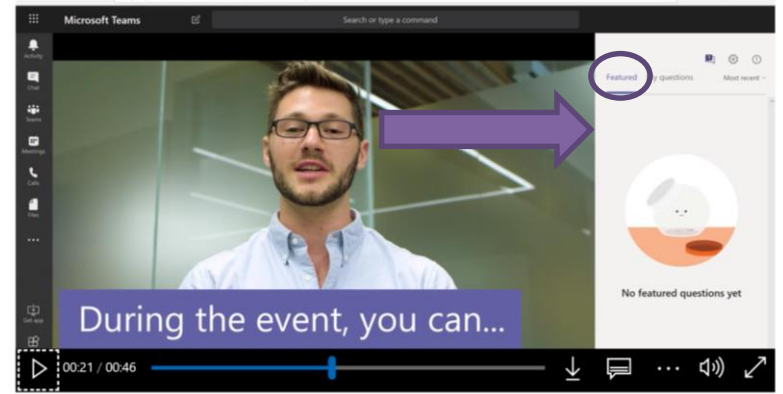
**SELF-ADVOCATES  
OF INDIANA**





# Please Be Sure to Sign-In

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- 2.) Under the Featured list, look for the link to the sign-in sheet.
- 3.) Select the link, fill-in the form, and click complete.



# General Updates and Information

## Delivery of HCBS in Acute Care Hospitals

- In accordance with the recent amendment to Section 1902(h) of the Social Security Act (42 U.S.C. 1396a(h)), states' Medicaid programs are permitted to provide Home and Community Based Services to individuals in acute care hospitals.
- To implement this change, BDDS is publishing guidance applicable for individuals receiving BDDS waiver services who are seeking treatment in an acute care hospital setting for inpatient medical care or other related services for surgery, acute medical conditions, or injuries.
- This guidance DOES NOT apply to individuals who require long term care in a facility based setting.





# General Updates and Information

## Delivery of HCBS in Acute Care Hospitals

- Individuals may receive HCBS from their direct support professional or other support staff like behavior management or music therapy provider while receiving medical care and treatment in an acute care hospital so long as the following conditions exist:
  - the waiver service is accurately **documented in the Person Centered Individualized Support Plan (PCISP)**;
  - the waiver service provided **meets the need(s) of the individual that are not met through the provision of hospital services**;
  - the waiver service is being **provided to ensure a smooth transition** between the acute care settings and home and community-based setting and preserve the individual's functional abilities.
- HCBS may not be utilized as a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or State law, or under another applicable requirement.





# General Updates and Information

## Delivery of HCBS in Acute Care Hospitals

- Case managers are required to document in the case notes when an individual receives acute medical care. The case manager must ensure the waiver service is identified in the PCISP and the following must be included in the case note:
  - what waiver service(s) will be provided during the acute hospital stay,
  - description of how the waiver services will assist in returning to the community and preserve individual's functional abilities,
  - coordination and communication activities among individualized support team members,
  - anticipated length of acute hospital stay, and
  - anticipated frequency and duration of the waiver service.
- Case managers should not interrupt or terminate an individual's waiver due to an acute hospital admission or stay.



# General Updates and Information Delivery of HCBS in Acute Care Hospitals

- Case managers may update the individual's plan within waiver rules and service limitations as needed to accommodate for acute hospital stays.
- Individuals receiving services on the CIH waiver who may need additional supports while receiving care in an acute care hospital setting may submit a budget modification request that documents the need for increased supports, the anticipated length of temporary supports needed, and the availability of staff to provide the support.



# General Updates and Information Delivery of HCBS in Acute Care Hospitals

- Parent(s) and legal guardians of adults who are employed as the individual's direct support professional may continue to provide the waiver service while the individual is receiving care and treatment in the acute care hospital setting up to the current approved number of hours that exists with the current service plan at the time of hospitalization.
- All FSW and CIH waiver rules and service limitations still apply (i.e. 40 hour rule, incident reporting guidelines, etc.).



# Quality Vendor Transition Update

- Go live is today – July 1<sup>st</sup>!
- Key procedures such as incident report processing, compliant investigations, and mortality reviews will essentially remain the same.
  - However, the current morality review system, “Clarity,” was developed by Advocare and will no longer be active due to this transition. Liberty will temporarily use email with attached forms to capture and conduct morality reviews. Once LibertyTraks launches, all mortality review processes will be conducted in the provider portal.
  - An online complaint form will still be utilized and is the prime mode to file a complaint.
  - For incident management, only change is personnel who will be sending emails.
- Case Record Reviews will continue but will be conducted by state staff rather than Liberty.



# Quality Vendor Transition Update

- Two current processes, Compliance Evaluation Review Tool (CERT) and Data Driven Review, have been discontinued
- Liberty is currently working with BDDS/BQIS and content experts to thoughtfully develop a comprehensive training plan that providers and other key stakeholders have expressed interest in.
- Provider Monitoring will shift from an audit of regulatory and policy compliance to a person-centered review that includes an evaluation of the quality of services being delivered.
  - The Charting the LifeCourse Framework serves as the foundation for this Quality Onsite Provider Review (QOPR) and is being developed with stakeholders
  - The QOPR ties to the CMS Quality Framework and provider compliance requirements
  - The QOPR will include interviews with individuals and their families, observations, and review of outcome data.



# Day Service Sustainability Grants Updates

- The application period for the initial grant cycle closed on June 26<sup>th</sup>. BDDS received 69 applications.
- BDDS is currently determining grant amounts based on historical claims and applications received.
- Providers will receive information this week confirming whether their application is approved and at what amount.
- BDDS will be submitting the claim file for all approved grants to Roeing for payment through PeopleSoft.
- The second grant cycle will be open beginning on Monday, July 6<sup>th</sup> through Friday, July 17<sup>th</sup>.



# Waiver Renewal: Overview of Changes

- FS & CIH waiver renewals are effective July 16, 2020
- Providers are encouraged to understand the changes and additions to both CIH and FSW in order to ensure capacity for service delivery
  - Please follow normal procedure to add services
- Waiver Fact Sheet for Case Managers and Providers will be available later today
  - A fact sheet will also be available for families



# Reminder: EVV is Coming!


## EVV

### Electronic Visit Verification Preparation

**COMPLIANCE DATE: January 1, 2021**

*Failure to comply with this requirement will result in claims payment disruption.*

#### What is EVV?



The 21st Century Cures Act directs state Medicaid programs to require providers of personal care services to use an "electronic visit verification" system to document services rendered. Federal law requires that providers use the EVV system to document the following information:

- » Date of service
- » Location of service
- » Individual providing service
- » Type of service
- » Individual receiving service
- » Time the service begins and ends

#### Providers may choose between two technology options to use for Electronic Visit Verification:

<b>Sandata (State-Sponsored EVV Solution)</b>	This is available to all personal care service providers at no cost to the provider. This solution meets the federal requirements but does not provide additional functionality.
<b>Alternative EVV Solution</b>	Providers may also use any other vendor that has integrated in Indiana with the Sandata solution. Alternative vendors may provide additional functionality to providers.

#### Available resources

**Electronic Visit Verification:** This webpage provides all of the latest IHCP policy guidance on EVV implementation as well as helpful information for both Sandata and alternative EVV vendor users.

**Electronic Visit Verification Training:** This webpage contains all of the educational reference material for Sandata users.

### How to prepare for implementation

#### For providers using Sandata (State-Sponsored EVV Solution)

**Step 1: Complete the Sandata training**  
Providers can complete this training using two methods currently:

- » Self-paced online training
- » Instructor-led webinar training session

For instructions on accessing the self-paced training (or to sign up for an instructor-led webinar training session), go to the [EVV Training Registration Quick Reference Guide](#).

**Step 2: Receive your login credentials**  
Once providers have completed the training, they will need to email their certificate of completion to [INXIXEVV@dxs.com](mailto:INXIXEVV@dxs.com) to receive their agency's Sandata login credentials.

**Step 3: Enter your employee and client information**  
Each employee will have his or her own login information for the Sandata system. The agency will want to create logins for each employee as well as insert information about the agency's clients receiving personal care services.

**Step 4: Provide employees with appropriate devices**  
If the agency is planning to use mobile visit verification using Sandata Mobile Connect, it will want to ensure its employees have access to a smart device. Providers can use either Android or Apple devices. Otherwise, employees should be trained to use telephonic visit verification.

**Step 5: Prepare your direct care workers**  
The agency will want to ensure that their direct care workers have had individual training on capturing visits either through the Sandata Mobile Connect application or through telephonic visit verification.

#### For providers using an alternative EVV vendor

**Step 1: Send an email to [EVV@fssa.in.gov](mailto:EVV@fssa.in.gov)**  
The agency will want to include the agency's name and contact information along with the alternative vendor's name and contact information. This will allow FSSA to determine if the vendor has previously integrated with Sandata in Indiana. If the vendor has not previously integrated, it will be required to pay a one-time fee.


**Step 2: Request testing credentials from [INAItevv@sandata.com](mailto:INAItevv@sandata.com)**  
Once Sandata has informed the alternative vendor that they are ready to begin testing, the provider agency should request testing credentials for the vendor. These credentials should be provided to the vendor.

**Step 3: Work with the vendor to complete the testing process**  
With the testing credentials, the vendor will prepare a test file that will be submitted to Sandata for approval. The provider agency will need to stay in contact with the vendor during this process. Be sure to have the vendor submit a notification to [INAItevv@sandata.com](mailto:INAItevv@sandata.com) or 855-705-2407 once the test files have been submitted to Sandata for review.

**Step 4: Complete the self-paced training**  
While the vendor is testing, the provider agency should complete a brief training on the usage and functionality of the Sandata Aggregator.

**Step 5: Request production credentials**  
With training complete, and once testing has been confirmed, provider agencies will request production credentials that will be used to log into the Sandata Aggregator.

Contact us by phone at **800-457-4584, option 5** or by email at [evv@fssa.in.gov](mailto:evv@fssa.in.gov)



**Office of Medicaid Policy & Planning**

Family & Social Services Administration  
Office of Medicaid Policy & Planning  
402 W. Washington St., Room W374  
Indianapolis, IN 46204







- The Next BDDS Meeting for Case Managers and Providers is scheduled for July 15th from 3:30 pm - 4:30 pm EDT
- Information on how to access the meeting will be sent via DDRS Announcement.
- BDDS / BQIS Questions:  
[BQIS.Help@fssa.in.gov](mailto:BQIS.Help@fssa.in.gov)





# Last Chance

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